


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 754133
 1. Entity Name
CARRON HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
4600 S OCEAN BLVD **4600 S OCEAN BLVD**
HIGHLAND BCH, FL 33487-5390 **HIGHLAND BCH, FL 33487-5390**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2209122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

HILDRETH, ROBERT
4600 S OCEAN BLVD
HIGHLAND BEACH, FL 33487

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALE, DONALD 4600 S OCEAN BLVD HIGHLAND BCH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, NORMAN 4600 S OCEAN BLVD HIGHLAND BCH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILDRETH, ROBERT 4600 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAKELMAN, JACK 4600 S OCEAN BLVD HIGHLAND BCH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKAS, JUDITH 4600 S OCEAN BLVD HIGHLAND BCH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/24/08-80013-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bob Hildreth* 1-15-08 561 395 9334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #